



APPLICATION FOR SPECIALTY CROP GRANT– UTAH

DATE SUBMITTED

DATE RECEIVED BY STATE

STATE IDENTIFIER

APPLICANT INFORMATION

Name of Entity or Individual Making Application:

Name and telephone number of person to be contacted on matters involving this application (*give area code*):

Address (*give city, county, state, and zip code:*)

EMPLOYER IDENTIFICATION NUMBER (*EIN*)

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TYPE OF APPLICANT: (*enter appropriate letter in box*)

A. State

G. State Controlled Institution of Higher Learning

B. County

H. Private University

C. Municipal

I. Indian Tribe

D. Township

J. Individual

E. Special District

K. Profit Organization

F. Independent School District **L.** Other (specify) _____

DESCRIPTIVE TITLE OF PROJECT:

AREAS AFFECTED BY PROJECT (*Cities, Counties, etc.*)

CONGRESSIONAL DISTRICTS OF:

Applicant:

Project:

Proposed Project:

Start Date _____ Ending Date _____

ESTIMATED FUNDING:

Grant

Applicant

State

Other

Program Income

TOTAL

IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐

Yes (*If "Yes", attach an explanation.*)

☐

No

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE GRANT RULES IF THE ASSISTANCE IS AWARDED.

Type name of Authorized Representative

Title

Telephone Number

Signature of Authorized Representative

Date Signed

Fax application to (801) 538-9436 - or mail to UDAF Marketing, P.O. Box 146500, Salt Lake City, UT 84114-6500